VOUCHER (Continuation Page) Parent/RA							County Case No.:									
																female
Parent must pay the following f	ee beginning:	_			_ F	Race	e:	□ H/L □ AI/AN □ Asian □ B □ NH/PI □ W								
Type of Care Monthl	y Parent Fee	<u>D</u>	<u>aily</u>	Pare	nt F	<u>ee</u>		EIS ID No.:								
Full Time \$		\$	S				_	DCS ID No.:_								
<sup>3</sup> / <sub>4</sub> Time \$							_	Cat. Code:			1	Need	Code	:		
½ Time \$			S					Child eligible f	or:		SCC		) Sı	nart Si	tart	
Transportation Payments: beg	in on			_and	end	on_										
Days/Hours Child Care is Nee	ded: M	T	W	Th	F	S	S	From		a.m./p	.m. U	ntil			a.r	n./p.m.
Circle days and enter times.	M	T	W	Th	F	$\mathbf{S}$	S	From		a.m./p	.m. Uı	ntil			a.r	n./p.m.
	M	T	W	Th	F	S	S	From		a.m./p	.m. U1	ntil			a.r	n./p.m.
Dates School Age Care is Need	led: From	m:					_	Until:			Befor	re/Aft	er Sc	hool/S	umme	er
1) Enter dates: month/day/year	Froi	m:					_	Until:			Befor	re/Aft	er Sc	hool/S	umme	er
2) Circle type of care needed.	Froi	m:						Until:			Befor	re/Aft	er Sc	hool/S	umme	er
Child's Name:								Date of Birth:				Gen	der:	☐ ma	ale 🗆	female
Parent must pay the following fe												-				
	y Parent Fee							EIS ID No.:								
Full Time \$						,		DCS ID No.:_								
<sup>3</sup> / <sub>4</sub> Time \$								Cat. Code:								
½ Time \$			, S				-	Child eligible f								
	in on			and	and	lon		Ciliu engible i	or:				1 31	nart Si	tart	
Transportation Payments: beg				and			C	F		/	11	4:1				/
Days/Hours Child Care is Nee								From								
Circle days and enter times.	M			Th		S		From		-						n./p.m.
								From								n./p.m
Dates School Age Care is Need							_	Until:						hool/S		
1) Enter dates: month/day/year							_	Until:						hool/S hool/S		
2) Circle type of care needed.	Froi	m:			D.	, c		Until:	<u>C</u>	. 1					umme	er
Child's Name: Parent must pay the following fee	beginning:				-	te of		rtn: /L 🛛 AI/AN 🗖	_		□ m B □					
	y Parent Fee	D	ailv	— Pare				EIS ID No.:								
	,,	9						DCS ID No.:_								
3/4 Time \$			 S					Cat. Code:			Need			-		
½ Time \$		\$					_	Child eligible f			SCC			mart St	tart	
Transportation Payments: beg	in on	4	,	and	end	l on		Cinia engible i			J.C.C			lares	tart	
Days/Hours Child Care is Nee		Т	W/	Th		S	2	From		a m /n	m IIn	ntil			2 1	n./p.m.
Circle days and enter times.			W	Th	г F	S	S	From_		_						m./p.m.
Choic days and thich times.										-						m./p.m.
Dates Cales I Am Committee		<u>T</u>		Th				From			Dofor		or C	ho =1/C		•
Dates School Age Care is Need								Until:						hool/S		
1) Enter dates: month/day/year	Froi	n.						Until:			petor	e/AIt	er Sc	hool/S	urnme	ji.

2) Circle type of care needed. White Original: Local DSS/LPA Pink Copy: Provider Yellow Copy: Parent Blue Copy: Local DSS/LPA DCD-0446

From:\_

Until:\_

Before/After School/Summer

# **VOUCHER** (Continuation Page) Parent/RA

# **County Case No.:**

Child's Name:		Date of l	Birth:	_Gender: 🗆 male 🗅 fema	ale			
Parent must pay the following fee begi	nning:	Race:	□ H/L □ AI/A	AN 🗆 Asian 🗆 B 🗆 NH/	PI □ W			
Type of Care Monthly Pare	nt Fee Daily	Parent Fee	EIS ID No.:					
Full Time \$	\$		DCS ID No.:_					
<sup>3</sup> / <sub>4</sub> Time \$	\$		Cat. Code: Need Code:					
½ Time \$	\$		Child eligible	for: SCC Si	nart Start			
Transportation Payments: begin on		and end on						
Days/Hours Child Care is Needed:	M T W		S From	a.m./p.m. Until	a.m./p.m.			
Circle days and enter times.	M T W		From		<del></del>			
	M T W		From					
Dates School Age Care is Needed:	•							
3) Enter dates: month/day/year	From:		Until:	Before/After Sc	hool/Summer			
4) Circle type of care needed.	From:		Until:	Before/After Sc	hool/Summer			
Child's Name:			Date of Birth	:Gender:	☐ male ☐ female			
Parent must pay the following fee begin	ıning:	Race:	H/L □ AI/AN	□ Asian □ B □ NH/PI	□W			
Type of Care Monthly Pare	nt Fee Daily	Parent Fee	EIS ID No.:					
Full Time \$	\$		DCS ID No.:_					
<sup>3</sup> / <sub>4</sub> Time \$	\$			Need Code:				
½ Time \$	\$		Child eligible	for: SCC Si	nart Start			
Transportation Payments: begin on_		and end on						
Days/Hours Child Care is Needed:	M T W	Th F S S	S From	a.m./p.m. Until	a.m./p.m.			
Circle days and enter times.	M T W	Th F S S	S From	a.m./p.m. Until	a.m./p.m.			
	M T W	Th F S S	S From	a.m./p.m. Until	a.m./p.m			
Dates School Age Care is Needed:	From:		Until:	Before/After Sc	hool/Summer			
2) Enter dates: month/day/year	From:		Until:	Before/After Sc	hool/Summer			
2) Circle type of care needed.	From:		Until:	Before/After Sc	hool/Summer			
Child's Name:		Date of E		_Gender: ☐ male ☐ fem				
Parent must pay the following fee beginn	ing:	Race: 🗖 I	H/L 🗆 AI/AN 🗆	Asian □B □NH/PI □	1 W			
Type of Care Monthly Pare	nt Fee Daily	Parent Fee	EIS ID No.:					
Full Time \$	\$		DCS ID No.:_					
<sup>3</sup> / <sub>4</sub> Time \$	\$		Cat. Code:	Need Code:_				
½ Time \$	\$		Child eligible	for: SCC Si	nart Start			
Transportation Payments: begin on		and end on_						
Days/Hours Child Care is Needed:	M T W	Th F S S	From	a.m./p.m. Until	a.m./p.m.			
Circle days and enter times.	M T W	Th F S S	S From	a.m./p.m. Until	a.m./p.m.			
	M T W	Th F S S	S From	a.m./p.m. Until	a.m./p.m.			
Dates School Age Care is Needed:	From:		Until:	Before/After Sc	hool/Summer			
3) Enter dates: month/day/year	From:		Until:	Before/After Sc	hool/Summer			
4) Circle type of care needed.	From:		Until:	Before/After Sc	hool/Summer			

VOUCHER	(Continuation	Page)	Parent/RA
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**County Case No.:** 

Child's Name:						_Da	te of	f Bi	rth:	Gen	der:	☐ ma	ale 🗆	fem	ale		
Parent must pay th	e following fee begin	ning:				_ R	Race	e:	□ H/L □ AI/A	N 🗆	Asia	n 🗆	В□	NH/	/PI □	W	
Type of Care	Monthly Parent	Fee	<u>D</u>	<u>aily</u>	Pare	nt F	<u>'ee</u>		EIS ID No.:								
Full Time	\$	_	\$	S					DCS ID No.:								
<sup>3</sup> / <sub>4</sub> Time	e \$ \$					Cat. Code: Need Code:						_					
½ Time \$						Child eligible fo	r:		SCC	. [	<b>⊃</b> S	mart S	tart				
Transportation Pa	ayments: begin on				_and	end	on_										
Days/Hours Child	Care is Needed:	M	T	W	Th	F	S	S	From		a.m./p	.m. U	ntil_			a.m.	/p.m.
Circle days and ent	ter times.	M	T	W	Th	F	S		From								
		M	T	W	Th	F	S	S	From		a.m./p	.m. U	ntil_			a.m.	/p.m.
Dates School Age	Care is Needed:	Fro	m:						Until:		_	Befo	re/Af	ter So	chool/S	Summer	
5) Enter dates: mo	onth/day/year	Fro	m:					_	Until:			Befo	re/Af	ter So	chool/S	Summer	
6) Circle type of	care needed.	Fro	m:_					_	Until:			Befo	re/Af	ter Sc	chool/S	Summer	
Child's Name: Date of Birth: Gender: □ male □ female							male										
Parent must pay the	e following fee beginn	ing:			F	Race	e: [	) H	I/L 🗆 AI/AN 🗆	As	ian [	B	) NE	I/PI	□W		
Type of Care	<b>Monthly Parent</b>	Fee	<u>D</u>	<u>aily</u>	Pare	nt F	<u>'ee</u>		EIS ID No.:								
Full Time	\$	_	\$	S					DCS ID No.:								
³⁄₄ Time	\$								Cat. Code:								
½ Time	\$		\$	5					Child eligible fo	r:		SCC	Ţ	⊐ s	mart S	tart	
Transportation Pa	ayments: begin on				and	end	on										
Days/Hours Child	Care is Needed:	M	T	W	Th	F	S	S	From		a.m./p	.m. U	ntil_			a.m.	/p.m.
Circle days and ent	ter times.	M	T	W	Th	F	S	S	From		a.m./p	o.m. U	ntil_			a.m.	p.m.
		M	T	W	Th	F	S	S	From		a.m./p	o.m. U	ntil_			a.m.	/p.m
<b>Dates School Age</b>	Care is Needed:	Fro	m:_						Until:			Befo	re/Af	ter Sc	chool/S	Summer	
3) Enter dates: mo	onth/day/year	Fro	m:						Until: Before/After School/Summer								
2) Circle type of	care needed.	Fro	m:_						Until:			Befo	re/Af	ter Sc	:hool/S	Summer	
Child's Name:						Dat				_		☐ m					
Parent must pay the	following fee beginning	1g: _			R	ace:		H/	L DAI/AN D	Asia	an 🗆	B 🗆	NH	PI C	<u> </u>		
Type of Care	Monthly Parent	Fee	<u>D</u>	<u>aily</u>	Pare	nt F	<u>'ee</u>		EIS ID No.:								_
Full Time	\$		\$	S				_	DCS ID No.:								_
³⁄₄ Time	\$		\$	S				_	Cat. Code:	-		Need	d Co	de:_			_
½ Time	\$		\$	<u> </u>					Child eligible fo	r:		SCC	. [	☐ S	mart S	tart	
Transportation Pa	ayments: begin on				_and	end	on_										
Days/Hours Child	Care is Needed:	M	T	W	Th	F	S	S	From	a	ı.m./p	m. Ur	ntil _			a.m.	/p.m.
Circle days and ent	ter times.	M	T	W	Th	F	S	S	From		a.m./p	.m. U	ntil _			a.m	/p.m.
		M	T	W	Th	F	S	S	From		a.m./p	.m. U	ntil _			a.m	/p.m.
<b>Dates School Age</b>	Care is Needed:	Fro	m:_					_	Until:			Befo	re/Af	ter Sc	chool/S	Summer	
5) Enter dates: mo	onth/day/year	Fro	m:_						Until:			Befo	re/Af	ter Sc	chool/S	Summer	
6) Circle type of	care needed.								Until:			Befo	re/Af	ter So	:hool/S	Summer	

White Original: Local DSS/LPA

Pink Copy: Provider

Yellow Copy: Parent

Blue Copy: Local DSS/LPA DCD-0446

Rev. 10/02

### TO PARENT OR RESPONSIBLE ADULT (RA):

This information serves to notify you of action taken regarding the child care assistance being provided for the child listed on the front of the **Child Care Voucher** and the child(ren) listed on the continuation page of the **Child Care Voucher**. You are responsible for paying the child care provider any parent fees set by the local purchasing agency. Also, you must notify your child care provider any time that your child/ren is going to be absent from the child care facility. Please keep this form(s) in your files.

### RELEASE OF INFORMATION

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the reverse side gives your consent for information on this form and any future changes which affect your child care plan or the payment for your child care assistance to be given to the child care provider which you select. A copy of this form is given to the child care provider. The child care provider has signed an agreement to keep all information confidential.

# **HOW TO GET A FAIR HEARING**

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) calendar days after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of your local purchasing agency. The hearing will be held within five (5) workdays of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (10) additional workdays. If you are dissatisfied with the decision made at that hearing, you may have a second hearing with an impartial official from the NC **Department of Health and Human Resources.** 

## YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call **Information and Referral at 1-800-662-7030.** 

### CHILD CARE ASSISTANCE MAY CONTINUE

If your child care payments were stopped or changed for any reason other than lack of public child care funds, *you may* keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

### **MUST REPORT CHANGES WITHIN 5 WORKDAYS!**

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of the local purchasing agency within 5 workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony and a sanction may be imposed by the local purchasing agency. You may also have to repay all child care assistance after the changes occurred if you did not report the change to your child care social worker on time. Be careful! If you do not know whether a change is important, ask your child care social worker.

### YOUR RIGHT TO SEE YOUR RECORD

If you ask, your child care social worker will show you (and the person speaking for you) your child care record before your hearing. You may also see any other information to be used at the hearings, if you ask. You can get free copies of this information. You may see this information again at your hearings.

# DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?

Do you understand how to get a hearing? If you have any questions or want more information, please contact your child care social worker as soon as possible.

Yellow Copy: Parent DCD-0446

Child's Name:	Date of Bi	rth:Gender: 🗆 male 🗖 female	
Parent must pay the following fee begin	nning: Race:	□ H/L □ AI/AN □ Asian □ B □ NH/PI □ W	
Type of Care Monthly Paren	nt Fee Daily Parent Fee	EIS ID No.:	-
Full Time \$		DCS ID No.:	
<sup>3</sup> / <sub>4</sub> Time \$	\$	Cat. Code: Need Code:	
½ Time \$	\$	Child eligible for: SCC Smart Start	
Transportation Payments: begin on	and end on		
Days/Hours Child Care is Needed:		Froma.m./p.m. Untila.m./p.m	1.
Circle days and enter times.		From a.m./p.m. Until a.m./p.m	
	M T W Th F S S		
Dates School Age Care is Needed:	From:	Until:Before/After School/Summer	
7) Enter dates: month/day/year	From:	Until: Before/After School/Summer	
8) Circle type of care needed.	From:	Until: Before/After School/Summer	
Child's Name:		Date of Birth: Gender: ☐ male ☐ female	le
Parent must pay the following fee beginn		 I/L □ AI/AN □ Asian □ B □ NH/PI □ W	
Type of Care Monthly Paren		EIS ID No.:_	
Full Time \$	\$	DCS ID No.:	
<sup>3</sup> / <sub>4</sub> Time \$		Cat. Code: Need Code:	_
½ Time \$	 \$	Child eligible for:  SCC  Smart Start	-
Transportation Payments: begin on	and end on		
Days/Hours Child Care is Needed:	M T W Th F S S	From a.m./p.m. Until a.m./p.m	n.
Circle days and enter times.	M T W Th F S S	Froma.m./p.m. Untila.m./p.m	1.
-	M T W Th F S S	Froma.m./p.m. Untila.m./p.m	ı
Dates School Age Care is Needed:	From:	Until: Before/After School/Summer	
4) Enter dates: month/day/year	From:	Until: Before/After School/Summer	
2) Circle type of care needed.	From:	Until: Before/After School/Summer	
Child's Name:	Date of Bir	th:Gender: □ male □ female	
Parent must pay the following fee beginni	ing:Race: □ H/	L 🗆 AI/AN 🗅 Asian 🗅 B 🗀 NH/PI 🗀 W	
<u>Type of Care</u> <u>Monthly Paren</u>	nt Fee Daily Parent Fee	EIS ID No.:	
Full Time \$	<u> </u>	DCS ID No.:	
<sup>3</sup> / <sub>4</sub> Time \$	<u> </u>	Cat. Code: Need Code:	
½ Time \$	\$	Child eligible for: SCC Smart Start	
Transportation Payments: begin on	and end on		
Days/Hours Child Care is Needed:	M T W Th F S S	Froma.m./p.m. Untila.m./p.m	1.
Circle days and enter times.	M T W Th F S S	Froma.m./p.m. Untila.m./p.n	a.
	M T W Th F S S	Froma.m./p.m. Untila.m./p.n	n.
Dates School Age Care is Needed:	From:	Until: Before/After School/Summer	
7) Enter dates: month/day/year	From:	Until: Before/After School/Summer	
8) Circle type of care needed.	From:	Until:Before/After School/Summer	

**County Case No.:** 

**VOUCHER (Continuation Page) Parent/RA** 

Blue Copy: Local DSS/LPA DCD-0446 Rev. 10/02 White Original: Local DSS/LPA Yellow Copy: Parent Pink Copy: Provider

### TO PARENT OR RESPONSIBLE ADULT (RA):

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### RELEASE OF INFORMATION

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### HOW TO GET A FAIR HEARING

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of your local purchasing. The hearing will be held within five (5) workdays of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (10) additional workdays. If you are dissatisfied with the decision made at that hearing, you may have a second hearing with an impartial official from the NC Department of Health and Human Resources.

### YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call **Information and Referral at 1-800-662-7030.** 

### CHILD CARE ASSISTANCE MAY CONTINUE

If your child care payments were stopped or changed for any reason other than lack of public child care funds, *you may* keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

### MUST REPORT CHANGES WITHIN 5 WORKDAYS!

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of the local purchasing agency within 5 workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony and a sanction may be imposed by the local purchasing agency. You may also have to repay all child care assistance after the changes occurred if you did not report the change on time to your child care social worker. Be careful! If you do not know whether a change is important, ask your child care social worker.

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If you ask, your child care social worker will show you (and the person speaking for you) your child care record before your hearing. You may also see any other information to be used at the hearings, if you ask. You can get free copies of this information. You may see this information again at your hearings.

### DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?

Do you understand how to get a hearing? If you have any questions or want more information, please contact your worker as soon as possible.

Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:									
SCC			SCC-WO	ORK FIRST		FUND S	SOURCE		
009 With regard t	to income 005 V	15 S	mart Start	71 Work First					
019 Without rega	rd to income 006 V	Work First Family	y Assistance	e with countable income	20 F	oster Care	85 EMERGY		
020 Foster Care Recipients 055 Teen Parent – Work First Family Assistance 25 SCC									
054 Teen Parent	017 1	Non-WF Family	Assistance e	employed with countable income	2				
	018 Non-WF Family Assistance non-custodial parent with countable income								
<b>NEED CODES:</b>				<b>Children Without Special New</b>	<u>eds</u>				
Child Care:	Seek Employment	<b>Employed</b>	<u>CPS</u>	Post-Sec. Educ./Training	Develop. Needs	<b>CWS</b>	HS Educ./GED		
Full Time	801	811	821	831	841	851	871		
3/4 Time	802	812	822	832	842	852	872		
½ Time	803	813	823	833	843	853	873		
Transportation	809	819	829	839	849	859	879		
<b>NEED CODES:</b>				Children With Special Need	<u>s</u>				
Child Care:	Seek Employment	<b>Employed</b>	<u>CPS</u>	Post-Sec. Educ./Training	Develop. Needs	<b>CWS</b>	HS Educ./GED		
Full Time	401	411	421	431	441	451	471		
<sup>3</sup> / <sub>4</sub> Time	402	412	422	432	442	452	472		
½ Time	403	413	423	433	443	453	473		
Transportation	409	419	429	439	449	459	479		

Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.